



NCA

OFFICE OF INTEGRATION

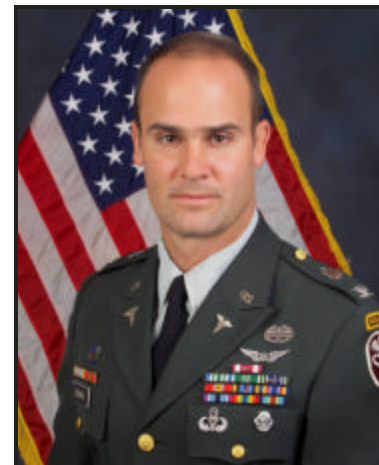
NEWSLETTER

SERVING AS THE VOICE OF THE OFFICE OF INTEGRATION

in-te-gra-tion | in-ti-grey-shuh n|

the combining and coordinating of separate parts or elements
into a unified whole

Full Steam Ahead: *Ortho/Rehab Integrates*



During a ceremony held on December 26, 2007 at Walter Reed Army Medical Center (WRAMC), Army Col. William C. Doukas was announced as the first chief of the integrated Orthopedics and Rehabilitation Department. The newly integrated department is a combination of the former individual departments from Walter Reed Army Medical Center (WRAMC) and National Naval Medical Center (NNMC).

The current commanders of Walter Reed Army Medical Center and National Naval Medical Center, Maj. Gen. Weightman and Rear Adm. Robinson, Jr., respectively, made the announcement jointly before select local, military print journal-

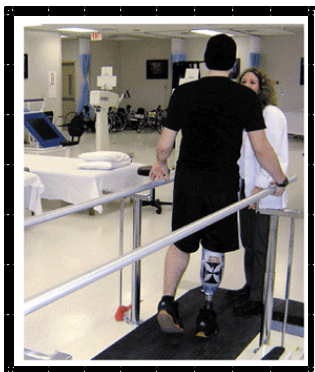


Photo: Walter Reed

Before being assigned to this newly created position and department, Doukas was Chief of Walter Reed's Orthopedics and Rehabilitation department.

A skilled physician and a seasoned combat veteran, Doukas was appointed to this highly coveted position by a selection board comprised of his peers and senior FLAG leadership. He was chosen from a pool of seven highly qualified, tri-service applicants from a variety of clinical disciplines, and from in and out of the National Capital Area (NCA).

Orthopedics and Rehabilitation is widely recognized throughout the Military Health System (MHS) for providing functions crucial to combat casualty care. By providing our troops returning home from the war with modern, cutting-edge rehabilitative services, our war fighters, regardless of service affiliation, will be provided with the highest quality patient care they rightfully deserve. Doukas and his team have an honored tradition in military medicine to uphold and we're more than confident that they will. ■



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IMPORTANT DATES

We are selecting applicants for chiefs of these integrated (WRAMC/NNMC) depts.:

Pediatrics, Pathology, and Clinical Investigations will all close on January 22nd. The chief selection announcements for these departments will occur on or around February 15th.

Dermatology will close on January 17th. The chief selection announcement for this department will occur on or around February 9th.



What's Going On? (Part I)

An Inside Look at Integration

Recently we were invited to sit down with CAPT David Wade, Chief of Staff for the MSMO and Director of the Integration Steering Committee (ISC), to have a candid discussion on his perspective of the current, evolving events surrounding the integration of Walter Reed Army Medical Center (WRAMC) and National Naval Medical Center (NNMC).

The man seen by some as a true workaholic, and by most as a dauntless advocate of senior leadership's vision for integration, offered an impartial, guileless picture of where he sees the organizations are currently. Moreover, he offered a hopeful and promising outlook on what he foresees these organizations will eventually become.

Due to the length of our discussion, this interview has been divided into three sections. Here is part one. Section two will be featured in the February issue, and the final section will be featured in the March issue.

OOIN: Can you tell our readers the difference between BRAC and Integration?

DW: BRAC is the language that's entailed in the BRAC statute that's been in existence now since 2005. In essence, it's the BRAC commission's recommendations to the U.S. President that subsequently became law. BRAC is basically about brick-n-mortar. As a matter of fact when you look at the BRAC language, it says realign Walter Reed to Walter Reed National Military Medical Center. There is nothing in the BRAC language that mentions integration. But as you start to look at the BRAC language, which we did soon after the announcement, it was very evident that to have the BRAC work, to be effective, to reach the goals that the BRAC Commission and the Medical Cross Service Group had in making those BRAC recommendations, there needed to be integration of how healthcare was delivered not only in between Walter Reed and Bethesda, but also in how healthcare was delivered in the National Capital Area. The goal is to have the nine MTFs and their subordinate, branch medical clinics function as a true system in providing healthcare. That is a long explanation. Here's the short of it. BRAC is brick-n-mortar. Integration is the process of building an integrated healthcare delivery system. MEDCENS first, and then the market.

OOIN: In August 2005, the FLAGS, RDML Robinson, Commander of NNMC and MG Farmer, then Commander of WRAMC, publicly unveiled their vision for integration. From the beginning, the choice was made to integrate clinical services first. Why did they choose clinical services over say administrative and support services?

DW: The FLAGS made a very conscious decision to integrate clinical services first, because they knew they would serve as a forcing function, covering not only structural issues, but also making us tackle the cultural aspects. And they knew, as our core mission is to deliver healthcare, taking care of patients, that if we drove integration clinically, it would force the other aspects (i.e., administrative and support services) to find workable solutions, because we're so dedicated to taking care of our patients we will go to extremes to ensure that they are not harmed in the process of achieving integration. It is that dedication and drive that all of us in healthcare possess will necessarily make us tackle issues that in another venue could be kicked down the road to next week, next month, or next year. Thinking we'll get to it, but knowing that we may not. When we integrate clinical first, we make sure the processes are in place, and they will drive everything else. ■

The Road Traveled: Integration Timeline

AUG 2005

ISC was formed to functionally integrate the Medical Centers

AUG- OCT 2005

ISC focused on organizing the work needed to establish the PFD

SEPT 2005

OI formed with COL Fitzpatrick and CAPT Malanoski

OCT 2005

Offsite established a timeline and identified MED-CENS as the primary focus

FEB 2006

ISC re-organized to include 8 functional sub-committees

FEB-MAR 2006

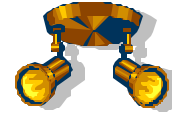
Sub-committees developed annual goals and objectives

APR 2006

FLAG Leadership approved sub-committee



FEATURE SPOTLIGHT



John S. Murray, Colonel, USAF, NC
PhD, RN, CPNP, CS, FAAN
Director, Strategic Planning
Office of Integration
National Capital Area (NCA) Military Health System (MHS)

AREA OF FOCUS:

Col. Murray provides integration leadership with strategic direction, guidance, and oversight, for joint integration efforts for the ten commands in the National Capital Area (NCA). He also serves as the leader of the organizational development practitioners hired to facilitate the change process.

Organizational Development (OD)

Organizational development (OD) has been described as the systematic process by which effective change is designed and implemented in any given organization. While the OD practice isn't new to Navy medicine, with the merger of Walter Reed Army Medical Center (WRAMC) and National Naval Medical Center (NNMC) into Walter Reed National Military Medical Center (WRNMMC) at Bethesda, it has very much become a new practice to Army and Air Force medicine.

The OD objective of improving the problem solving and systemic processes currently being initiated to create the new Walter Reed National Military Medical Center and an integrated healthcare delivery system (IDS) throughout the NCA has been

fully adopted by senior (FLAG) leadership. Maj. Gen. Weightman, commander of Walter Reed Army Medical Center, Rear Adm. Robinson, commander of National Naval Medical Center, and Brig. Gen. Graham, commander of the 79th Medical Wing have heavily invested into instituting the practice of OD into the NCA MHS venue by hiring organizational development practitioners (ODPs).

"The significant problems we face today cannot be solved at the same level of thinking we were at when we created them."

—Albert Einstein

These ODPs will support the vision and the mission by applying behavioral science theory and methods to optimize organizational effectiveness at all levels.

Col. Murray, Director for Strategic Planning in the Office of Integration, has been assigned to lead this large body of professionals due to his extensive background in research, which is a basic principle of OD. ■

ORGANIZATIONAL DEVELOPMENT PRACTITIONERS

NAME:

MS ANN-MARIE REGAN
MS ANN-MARIE REGAN
MR BOB HUNZINGER
MR CARL WAMBLE
MR VINNY CHUSTZ
MS TERESA ESOLA
MR HAROLD DEMMINGS
MR HAROLD DEMMINGS
MR DENNIS STUTZ
MS LORETTA HOBBS
MS DEBORAH RAY-BROOKS
MR PACO VALENCIA
CDR PATRICK SANDERSON

AREA OF FOCUS:

SENIOR (FLAG) LEADERSHIP
COMMANDERS EXECUTIVE BOARD (CEB)
INTEGRATION STEERING COMMITTEE (ISC)
WALTER REED ARMY MEDICAL CENTER
NATIONAL NAVAL MEDICAL CENTER
DEWITT ARMY COMMUNITY HOSPITAL
579TH MEDICAL GROUP
79TH MEDICAL WING
UNIFORMED SERVICES UNIVERSITY (USU)
KIMBROUGH AMBULATORY CARE CENTER
NAVAL HEALTH CLINIC- PATUXENT RIVER
NAVAL HEALTH CLINIC- QUANTICO
NAVAL HEALTH CLINIC- ANNAPOLIS

A Historical Account of Organizational Development Learning

1898-1947

KURT LEWIN, founding father of OD, died before the concept became popular in the 1950s

1940s

Kurt Lewin designed an experiment in group relations

That experiment provided the scientific basis for organizational developmental learning

1945

Kurt Lewin founded the Research Center for Group Dynamics at MIT

1947

Kurt Lewin founded The National Training Laboratories (NTL)

1950-1960s

OD widely emerged from four backgrounds: Laboratory Training, Survey Research, Action Research, and Productivity and Quality-of-Work-Life (QWF)

1980

American University and NTL partnered to provide a world-renowned OD Masters degree program

*References:

Wikipedia, NTL, and Don Clark



Are You Acronym Crazy?

Don't worry, we want to provide some clarity.

In a culture where acronyms are commonly used, new events such as the Base Realignment and Closure (BRAC) recommendations being made law by Congress, brings into existence more acronyms that typically make communicating in a culture like ours a little crazy.

Here we try to make sense of it all for you. Brace yourself, because a few of these may surprise you. This month you'll find meanings to some commonly used acronyms. |

AHLTA– Armed Forces Health Longitudinal Technology Application

Definition:

A Global, 24/7, secure and advanced electronic healthcare system

AOC– Area of Concern

Definition:

Any military scope of interest

ASD(HA)– Assistant Secretary of Defense for Health Affairs

Definition:

Dr. William Winkenwerder, Jr.

ATFP– Anti-Terrorism/Force Protection

Definition:

Police for the Pentagon and DoD interests within the National Capital Area (NCA)

BASOPS– Base Operations

Definition:

Business processes surrounding managing military bases

BRAC– Base Realignment and Closure

Definition:

The process used to reorganize the DoD installation infrastructure to more efficiently and effectively support its forces, increase operational readiness, and facilitate new ways of doing business

BUMED– Bureau of Medicine and Surgery

Definition:

The office that supports both the Navy Surgeons General and Navy Medicine

C2– Command and Control

Definition:

The exercise of authority and direction by a properly designated commander over assigned and attached forces in the accomplishment of the mission

CEB– Commander's Executive Board

Definition:

MTF commanders from the National Capital Area (NCA) Military Health System (MHS) and USU

COBRA– Cost of Base Realignment Actions

Definition:

An analytical tool used to calculate the costs, savings, and return on investment, of proposed realignment and closure actions

COCOM– Combatant Commands

Definition:

A military group composed of forces from two or more services, has a broad and continuing mission, and is organized either on a geographical basis or on a functional basis

CONOPS– Concept of Operations

Definition:

A user-oriented document that describe the characteristics of a proposed process for doing business in the military

DACH– Dewitt Army Community Hospital

Definition:

The Army hospital named after Brigadier General Wallace DeWitt is located on the Fort Belvoir base in Northern Virginia

DHP– Defense Health Program

Definition:

Appropriation funding provides for worldwide medical and dental services to active forces and other eligible beneficiaries, veterinary services, medical command HQ, specialized services for the training of medical personnel and occupational and industrial healthcare

DHS– Department of Homeland Security

Definition:

A federal government department comprised of 22 agencies who are responsible for leveraging resources within federal, state, and local governments, coordinating the transition of multiple agencies and programs into a single, integrated agency focused on protecting the American people and their homeland

DoD– Department of Defense

Definition:

A federal government department charged with ensuring that the military capacity of the U.S. is adequate to safeguard the national security

CORRECTION:
The acronym KACC stands for "Kimbrough Ambulatory Care Center"

RUMOR CONTROL:
SO TRUE
OR
SO FALSE
???



SO TRUE

WRAMC and NNMC have integrated their Ortho/Rehab Departments

SO FALSE

The new integrated Ortho/Rehab department belongs to the new WRNMMC

SO TRUE

The commander of the new WRNMMC will also be the Market Manager of the NCA MHS.

SO FALSE

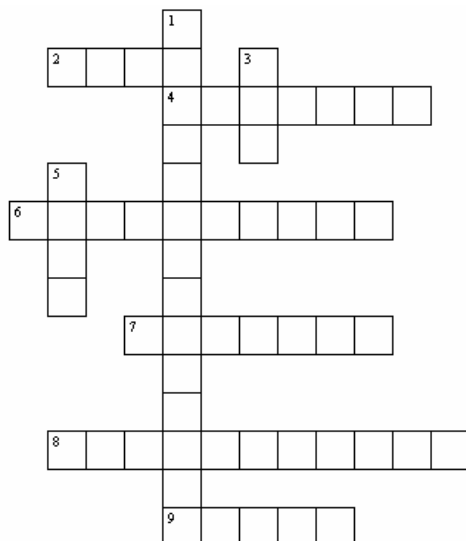
CAPT Damiano, Deputy Commander for Integration at WRAMC, represents NNMC at WRAMC



Our Mission: Force Health Protection

To meet and adapt to the evolving health care needs of our military force, our mission, as established by the Department of Defense, is to use preventive health techniques and emerging technologies in environmental surveillance and combat medicine to protect all service members before, during, and after deployment.

Force Health Protection is designed to improve the health of service members, prepare them for deployment, prevent casualties, and promptly treat injuries or illnesses that do occur, as well as care for their family members, and retirees and their families, who have served this great nation.



ACROSS

- 2 Navy Term: Naval nuclear personnel
- 4 Air Force Term: MP Trooper
- 6 Military Term: Graduate, serve 5, and resign
- 7 Navy and Marine Term: Camouflage utility uniform
- 8 Marine Term: Article 15 of the UCMJ
- 9 Army and Marine Term: Infantry Soldier

DOWN

- 1 Army Term: A person who walks instead of runs during the Army Physical Fitness Test (APFT)
- 3 Military Term: Meal-ready-to-eat
- 5 Military Term: An airplane or satellite

ANSWERS FROM LAST MONTH:

ACROSS	DOWN
2 Chit	1 Charlie
3 Flag Deck	2 BCU
5 Unsat	3 Fatigues
7 ROAD	4 Chow
10 Fraternization	6 Sea Daddy
12 Punch Out	8 Bravo Zulu
13 Nugget	9 Boot Camp
	11 Whites



National Capital Area Military Health System

For more information, contact the Editor:

Ms. Shondell Towns
Deputy Director, Marketing and Communications
Multi-Service Market Office (MSMO)
6900 Georgia Avenue, NW
Washington, D.C. 20307
(202) 356-0805
Shondell.Towns@na.amedd.army.mil

THE FUTURE OF THE NCA MHS



Our Vision

We envision and are committed to *one* integrated health system which leverages the assets of all DoD health care treatment facilities in the National Capital Area.

The Tri-Service Walter Reed National Military Medical Center at Bethesda will be a world-wide military referral center and together with the Uniformed Services University of the Health Sciences (USU), will represent the core of this integrated health system.

All Tri-Service facilities in the NCA and the USU will serve as a premier academic medical system focused on delivering the highest quality care, distinguished health professional education, and exemplary clinical and translational research.